

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021639

Entity Name: SYNALOVSKI HOLDINGS, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

702 W BROWARD BLVD #324
PLANTATION, FL 33317

New Principal Place of Business:

7027 W BROWARD BLVD #324
PLANTATION, FL 33317

Current Mailing Address:

702 W BROWARD BLVD #324
PLANTATION, FL 33317

New Mailing Address:

7027 W BROWARD BLVD #324
PLANTATION, FL 33317

FEI Number: 55-0835586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHATCH, JOHN S ESQ
2600 DOUGLAS RD., PENTHOUSE 8
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SYNALOVSKI, MANUEL
Address: 8027 W BROWARD BLVD, #324
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: SYNALOVSKI, LISA H
Address: 7027 W BROWARD BLVD, #304
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SYNALOVSKI, MANUEL
Address: 7027 W BROWARD BLVD, #324
City-St-Zip: PLANTATION, FL 33317

Title: MGRM (X) Change () Addition
Name: SYNALOVSKI, LISA H
Address: 7027 W BROWARD BLVD, #324
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISA H SYNALOVSKI

MGRM

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date